DEPARTMENT OF HEALTH AND HUMAN SERVICES REALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL MATE NOTICE OF APPROVAL OF	i 6 4 — 6 /	Vermont
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TIT	
FÓB: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	LE XIX OF THE GOODE
O: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	2/13/04	
TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE COM	ISIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	DMENT (Separate Transmittal for each ar	mendment)
FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1902(a), 1902(1) of the Social Security Act	a. FFY 2005 \$ 0 b. FFY \$	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	
Supp. 1 to Att. 2.6A pg 1 (04-02)	Supp.1 to Att. 2.6A pg 1	
Supp. 1 to Att. 2.6A pg 2 (04-02)	Supp.1 to Att. 2.6A pg 2	
Supp. 1 to Att. 2.6A pg 2a (04-02)	Supp.1 to Att. 2.6A pg	
Supp. 1 to Att. 2.6A pg 3 (04-02) Supp. 1 to Att. 2.6A pg 3a (04-02)	Supp.1 to Att. 2.6A pg 3 Supp.1 to Att. 2.6A pg 3	
Supp. 1 to Att. 2.6A pg 4 (04-02)	Supp.1 to Att. 2.6A pg	
0. SUBJECT OF AMENDMENT:	oupp.1 to acc. 2.on pg	(03-03)
Update of Medicaid standards based on Februar	13, 2004 Federal Poverty Le	1 (04-02)
1. GOVERNOR'S REVIEW (Check One):	Thomas	red 1, 03/27/10
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	eche; 02/13/0
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	DI INIX	and a
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
2. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Receive Heliett Hap. Hal, for		
3. TYPED NAME:/	Roxanne Doty	
Charles P. Smith	VT Dept. of PATH	1
4. TITLE:	103 South Main Street	
Secretary, Agency of Human Services	Waterbury, VT 05671-1201	
5. DATE SUBMITTED:		• • • • • • • • • • • • • • • • • • •
FOR REGIONAL OF	HICHER CHIEF CHIEF TO STORY OF THE STORY	
17. DATE RECEIVED:	18. DATE APPROVED:	A ANDREAD COMPANY
March 24, 2004	Ray 24 2004	
PLAN APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL:	NE COPY ATTACHED AV SIGNATURE OF REGIONAL OFFICE	
, (79 <u>%)</u> &	margaret Similar	- 410. A
February 13, 2004 21. TYPED NAME:	22. TALE:	
Bruce D. Greenstein	Associate Regional Adminis	strator. DMCH
23. REMARKS:		
The State later submitted Supp. 1 to Att. 2	.6A. nage 6	
	, on, page or	

Revision: HCFA-PM-91-4 AUGUST 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

Note: CC - Chittenden County and OCC - Outside Chittenden County

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	Need Standard		Payment Standard	Maximum Payment Amounts	
	CC	OCC	(ratable reduction)	CC	OCC
1	803	730	54.3%	436	396
2	988	915	54.3%	536	496
3	1173	1100	54.3%	636	597
4	1318	1245	54.3%	715	676
5	1477	1404	54.3%	802	762

NOTE: Income methodology for families under section 1931 of the Social Security Act is consistent with Vermont's Aid to Needy Families with Children (ANFC) state plan in effect on July 16, 1996, as modified by the state's Welfare Restructuring Project waiver, with one addition. Vermont allows an income deduction equivalent to the difference between current ANFC (previously known as Aid to Families with Dependent Children, nationally) payment levels and the July 16, 1996, ANFC payment levels.

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act: effective 4/1/00

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

[] 133 percent [X] <u>185</u> percent (no more than 185 percent) (specify)

Family Size	Income Level
1	\$ <u>1436</u>
2	\$ <u>1926</u>
3	\$ <u>2416</u>
4	\$ <u>2907</u>
5	\$ <u>3397</u>

TN No. 04-02 Supersedes TN No. 03-03

Approval Date 05/24/04

Effective Date ____2/13/04

	:	Attachment / 5-A
, ,		

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. Children under Section 1902(a(10)(A)(i)(VI) of the Act who have attained age 1 but not attained age 6:

Effective <u>April 1, 1990</u>, based on 133 percent of the official Federal income poverty level.

Family Size	Income Level
_1	\$ _1,032
2	\$ 1,385
_3	\$ _1,737
_4	\$ _2,090
5	\$ _2,442
_6	\$ _2,795
	\$ _3,147
8	\$ _3,500
9	\$ _3,852
10	\$ _4,204
Each Added Member	\$ 353

TN No. 04-02 Supersedes TN No. 03-03

Approval Date 05/24/04

Effective Date__ 2/13/04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS (Continued)

- MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
 - 4. Children Between Ages 6 and 19

The levels for determining income eligibility for children born after September 30, 1983, (or, at the option of a State, after any earlier date), who have attained 6 years of age but have not attained 19 years of age under the provisions of §1902(a)(10)(A)(i)(VII) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line:

Family Size	Income Level
_1	\$776
_2	\$ _1,041
_3	\$ _1,306
4	\$ _1,571
_5	\$ _1,836
_6	\$ _2,101
_7	\$ _2,366
8	\$ _2,631
9	\$ _2,896
_10	\$ _3,161
Each Added Member	\$265

TN No. 04-02 Supersedes TN No. 03-03

Approval Date 05/24/04

Effective Date 2/13/04

HCFA ID: 7985E

Revision: HCFA-PM-91-4

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(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

Family Size	Income Level
I	\$ <u>1436</u>
2	\$ <u>1926</u>
3	\$ <u>2416</u>
4	\$ _2907
5	\$ <u>3397</u>

NOTE: Please note we are mandated to be at 185 percent under 1902(a)(10)(A)(i)(IV) of the Act.

TN No. <u>04-02</u> Supersedes TN No. <u>03-03</u>

Approval Date ___05/24/04

Effective Date ____2/13/04__

Supplement 1 to Attachment 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS (Continued)

- OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES В. RELATED TO FEDERAL POVERTY LEVEL
 - 2. Children under Section 1902(a)(10)(A)(ii)(IX) and Section 1902(1)(1)(C) of the Act who have attained age 1 but have not attained age 6:

Effective 7/1/90, based on 133 percent of the official Federal income poverty level:

Family Size	Income Level
1	\$ _1,032
2	\$ _1,385
_3	\$ _1,737
_4	\$ 2,090
_5	\$ 2,442
_6	\$ 2,795
_7	\$ 3,147
_8	\$ _3,500
9	\$ _3,852
10	\$ _4,204
Added Member	\$353

TN No. 04-02 Supersedes TN No. 03-03

Each

Approval Date___

05/24/04

Effective Date 2/13/04

Revision: HCFA-PM-91-4 AUGUST 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS (Continued)

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
 - 2. Children Born After September 30, 1983

The levels for determining income eligibility for groups of children who are born after September 30, 1983, and who have attained 6 years of age but have not attained age 19 under the provisions of section 1902(1)(2) of the Act as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line

Family Size	Income Level
1	\$ <u>776</u>
2	\$ <u>1041</u>
3	\$ <u>1306</u>
4	\$ <u>1571</u>
5	\$ <u>1836</u>
6	\$ <u>2101</u>
7	\$ <u>2366</u>
8	\$ <u>2631</u>
9	\$ <u>2896</u>
10	\$ <u>3161</u>

TN No. <u>04-02</u> Supersedes TN No. <u>03-03</u>

Approval Date 05/24/04

Effective Date ____2/13/04

HCFA-PM-91-4 (BPD) August 1991

Supplement 1 to Attachment 2.6-A Page 6 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

~		State: Verr	mont
C.	QUALIFIED MED FEDERAL POVER		IARIES WITH INCOMES RELATED TO
			ibility for groups of qualified Medicare ection 1905(p)(2)(A) of the Act are as
1.	NON-SECTION 19	902(f) STATES	
a.	Based on the follow	ving percent of the	official Federal income poverty level:
	Eff. Jan. 1, 1989:	85 percent	percent (no more than 100)
	Eff. Jan. 1, 1989:	85 percent	percent (no more than 100)
	Eff. Jan. 1, 1991:	100 percent	
	Eff. Jan. 1 1992:	100 percent	
b.	Poverty Levels:		
		Family Size	Income Levels
		_1	\$
		2	\$1,041

TN No. <u>04-02</u> Supersedes TN No. <u>03-02</u>

Approval Date 05/24/04

Effective Date 2/13/04